U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Me Constitutions CAREFUL READ THE INSTRUCTIONS CAREFUL E	LY BEFORE PREPARING THIS REPORT.	
1. File Number U 1/185	2. Fiscal Year Covered From:	
	7 / 7 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name RICHARD H SILVER	Name ENGINEERS UNION, LOCAL 444 INE-CUIA	
·	Labor Organization File Number 068/48	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any SUITE 120	
Street 45 MANORS DRIVE	Street 1983 MARCUS AVENUE	
City JERICHO	City LAKE SUCCESS	
State X Y ZIP Code +4 11 75 3-1729	State XXY . ZIP Code +4 1/042 -1016	
5. Position in labor organization. WICE PRESIDENT		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name : 1		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street Street		
City Character Control of the Contro	Control of the contro	
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on panalties in the instructions.)		
signed Michael AV Silver	On 6/21/05 (516)328-9400 Date Telephone Number	
Form LM-30 (2003)	Date Telephone Number	

Name of Person Filling RICHARD H. SILVER	File Number (
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name 2011 1999 1999	- June Hall		
Trade Name, if any:	a, Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street	C. Employer		
City (Fig. 1) City (Fig. 1) City (Fig. 1)			
State ZIP Code +4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name , the state of the state o			
Trade Name, if any:		 :	
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income recei		
State ZIP Code + 4			
	12.b. Amount.	The state of the s	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a, Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any). Name VLADECK WALDMAN FURSTENSETHARD PC	4-6 BOTHES OF	- WINE,	
Trade Name, if eny:	CHPISTMAS GUET FRO	MA LAW FOLA	
P.O. Box, Bidg., Room No., if any	THAT REPRESENTS		
Street 1501 BROADWAY	60	C4L	
City VY 11 125 148 1000 CENTRAL			
State			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$150,00	

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